

Provider Enrollment Checklist

Read the ENTIRE contents of this package to familiarize yourself with this program and its requirements.

 **To successfully complete your enrollment in the Family PACT Program you must be a Medi-Cal provider with a active provider number and:**

 **Attend a Family PACT Orientation**

The Orientation Session includes a comprehensive overview of the Family PACT Program, the scope of the benefits, integration of the Program into your practice, client eligibility and EDS provider support systems. The Physician-owner or Medical Director must attend the Orientation. Other staff members are encouraged to attend. For a list of scheduled Orientation Session dates call the **Provider Resource Line at 1-877-FAMPACT** or go to our web site at www.familypact.org.

Obtain the *Certificate of Attendance* which will be distributed after you have completed and signed the Evaluation Form at the end of the Orientation Session.

 **Complete the following forms (available at www.familypact.org):**

1. Application to Participate in the Family PACT Program (DHS 4468)
 - Provide current copy of driver's license
 - Provide proof of Federal Tax ID number or social security number
 - Provide a current copy of fictitious name permit, if applicable
 - Complete Health Access Program (HAP) Card Request Form (last page of 4468)
2. Family PACT Program Provider Agreement (DHS 4469)
3. Family PACT Program Practitioner Agreement (DHS 4470)
 - Provide individual practitioner's Medi-Cal provider number
 - Provide a current copy of practitioner's driver's license and medical license
 - This form is not required to be completed by nonprofit community clinics, FQHCs, RHCs, THC's and government providers
4. Family PACT Program Disclosure Statement (DHS 4471)
 - Read instructions carefully as there are different instructions depending on type of provider, i.e., nonprofit, government, solo proprietorship, corporation, etc.
 - Corporations (other than nonprofits) must provide copy of Articles of Incorporation and Statement of Officers from Secretary of State's Office; be sure all owners are listed and that each owner complete "Attachment A"

 **Submit all forms and the *Certificate of Attendance* to:**

California Department of Health Services
MCAH/OFP Branch
Family PACT Provider Enrollment
1615 Capitol Avenue MS-8306
P.O. Box 997420
Sacramento, CA 95899-7420

If your application forms are appropriately completed, your letter of enrollment in Family PACT and HAP Cards should be received in approximately six to eight weeks.